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Date:

May 21, 2008

Facsimile Number: 571-273-8300

To:

Examiner J.B. Jeanglaude

Group Art Unit 2819, USPTO

From:

Mr. John R. Mattingly

MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re:

USSN 10/594,703

Attorney Docket No.: KY-5510

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

Transmittal; and Amendment.

John K. Mattingly Reg. No. 30,293

May 21, 2008

Date

Total Number of Pages (including cover sheet):

If the facsimile you receive is incomplete or illegible, please CALL (703) 684-1120. Thank you.

703-684-1157 Form PTO-1083 Patent Case Docket No. KY-5510 In RE application of S. ABE et al Serial No.: 10/594,703 Group Art Unit: 2819 D/A CONVERTER CIRCUIT, ORGANIC EL DRIVE For: Examiner: J.B. Jeanglaude CIRCUIT, AND ORGANIC EL DISPLAY Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith is an Amendment in the above-identified application. Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted. A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed. No additional fee is required. The fee has been calculated as shown below: OTHER THAN A **ENTITY** SMALL ENTITY (Col. 1) (Col. 2) (Col. 3) SMALL Highest No. Additional Claims Present Rate QR Rate Additional Previously Extra Fee Fee Remaining After Paid For Amendment X 25 \$ X 50 Total Minus indep. Minus X 100 \$ X 200 \$ X 360 \$ X 180 \$ First presentation of Multiple Dependent Claims Total OR Total \$ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write '20' in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write '3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed. Please charge my Deposit Account No. 50-1417 in the amount of \$ A Credit Card Payment Form in the amount of \$__is attached for The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417. M Any filing fees under 37 CFR 1.16 for the presentation of extra claims. 冈 Any patent application processing fees under 37 CFR 1.17. \bowtie Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: May 21, 2008

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KY-5510

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Shinichi ABE, et al.

Confirmation No. 1765

Serial No.:

10/594,703

Filed:

September 28, 2006

For:

D/A CONVERTER CIRCUIT, ORGANIC EL DRIVE CIRCUIT, AND

ORGANIC EL DISPLAY

Art Unit:

2819

Examiner:

J.B. Jeanglaude

Customer No. 24956

AMENDMENT

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated February 21, 2008, please amend the above-identified application as follows.

Amendments to the Specification

Amendments to the Claims

Remarks are included following the amendments.